

Name
in
Full

CERTIFICATE OF DEATH

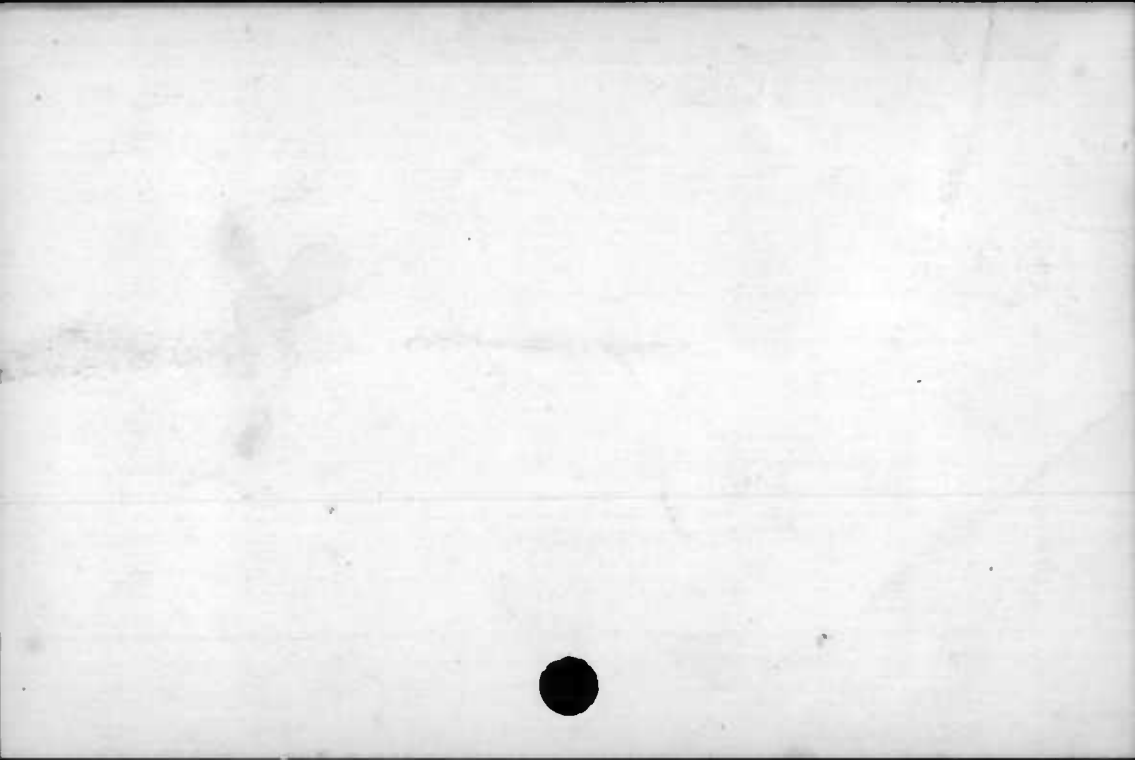
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Black Horse</i> ^{Town}		<i>Barford Co</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Year}	<i>Aug</i> ^{Month}	<i>1st</i> ^{Day}	Age <i>2</i> ^{Years}	<i>3</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Black Horse</i>		Where Residing if not at place of death	
Occupation		Married, Single or Widowed			
Name of Wife or Husband <i>Waller Adrian</i>		Father's Name <i>Waller Adrian</i>			
Mother's Maiden Name <i>Blanche Clark</i>		Father's Birthplace <i>don't know</i>			
Name of person giving information <i>F J Turner</i>		Mother's Birthplace <i>don't know</i>			
		How related to deceased <i>Parents</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>1 week</i>
Immediate	<i>Capillary Bronchitis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F J Turner</i>	
As far as known <i>as far as known</i>		Address <i>White Hall</i> <i>Baltimore Co</i>	
Accident or Suicide?			



Name
in
Full

Margaret L. Ball

CERTIFICATE OF DEATH

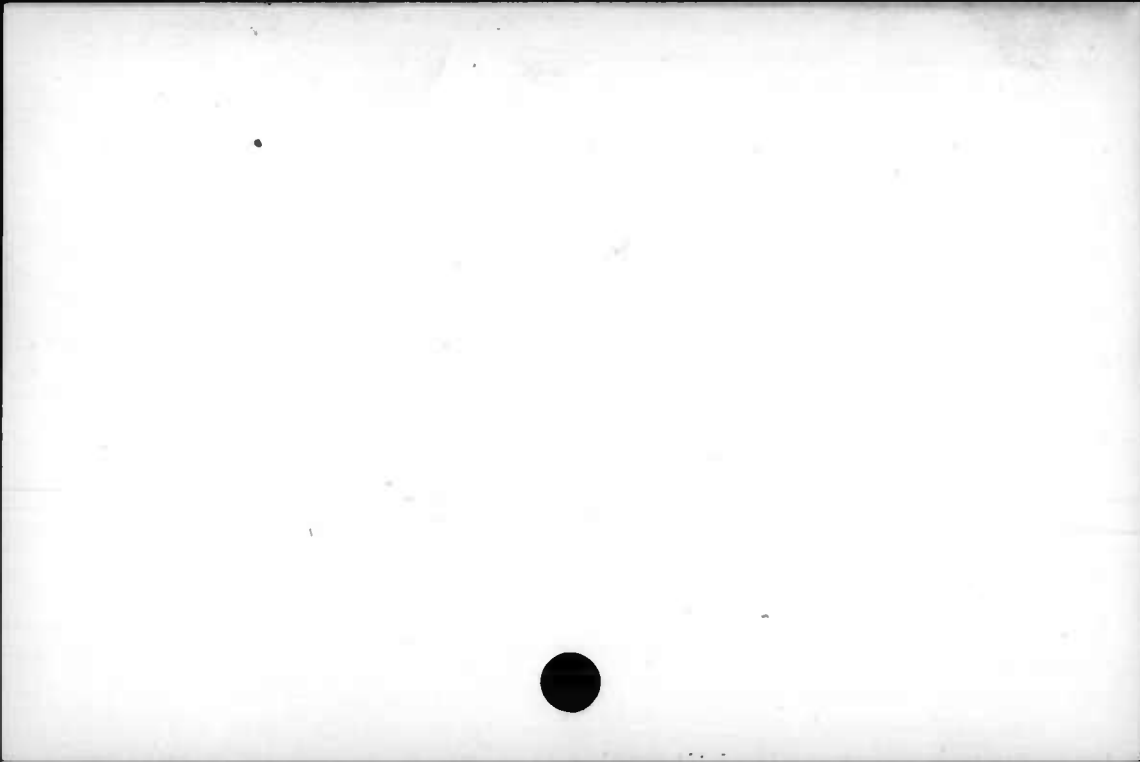
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> <small>Town</small>			<i>Hartford</i> <small>County</small>			MARYLAND		
Date of death 1905	<i>August</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age	<i>21</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>—</i> <small>Days</small>		
Sex	<i>Female</i>	Color or Race	<i>White</i>			Birth- place	<i>Bel Air</i>	
Married, Single or Widowed	<i>Single</i>			Occupation	<i>Elocutionist</i>			
Name of Wife or Husband	<i>none</i>							
Father's Name	<i>Phineas T. Ball</i>					Father's Birthplace	<i>Morris Co N.J.</i>	
Mother's Maiden Name	<i>Mary Kieffer</i>					Mother's Birthplace	<i>Pennsylvania</i>	
Name of person giving In formation	<i>Phineas T. Ball</i>					How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Interocular Laryngitis</i>	How long	<i>about nine months</i>
Immediate	<i>inanition</i>	How long	<i>20</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	<i>William L. Archer</i>		
	Address		
	<i>Bel Air Md</i>		
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

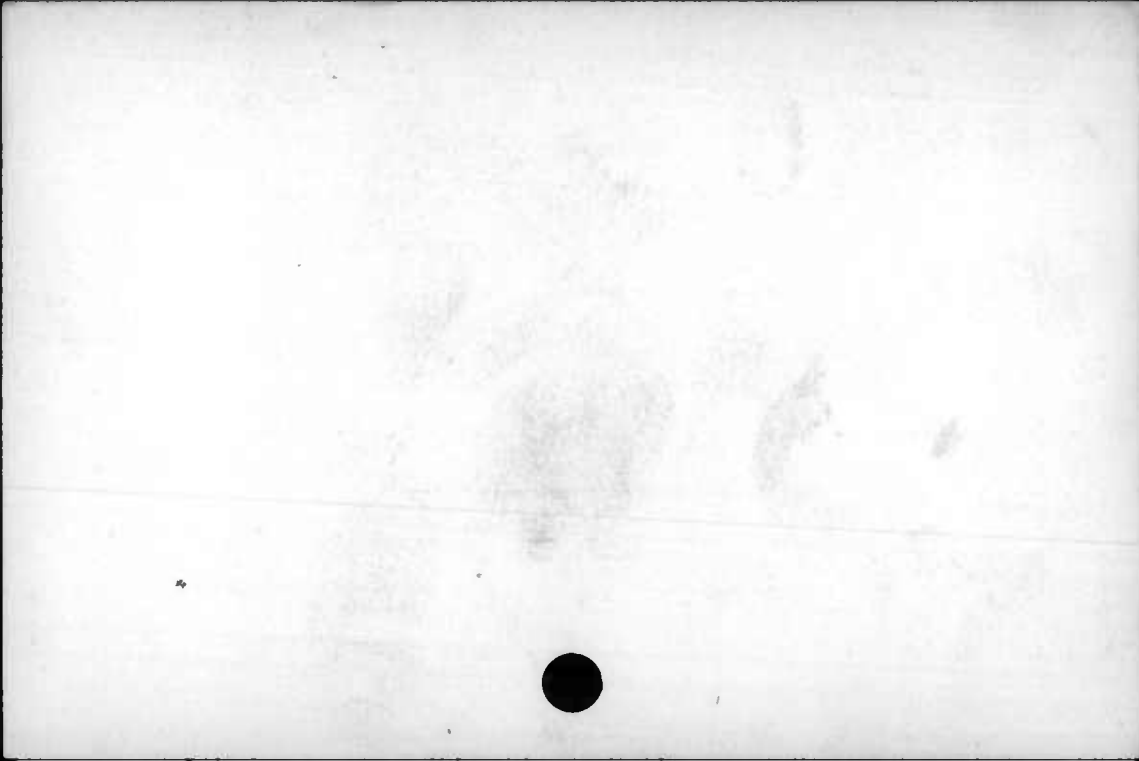
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Croftown</i>		County <i>Harford</i>		MARYLAND			
Date of death		1905	Month <i>Aug</i>	Day <i>13th</i>	Age	Years	Months	Days <i>three</i>	
Sex		<i>Male</i>		Color or Race		<i>Colored</i>		Birth-place	<i>Croftown</i>
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				<i>George Bond</i>				Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name				<i>Mary Johnson</i>				Mother's Birthplace	<i>Maryland</i>
Name of person giving information				<i>Geo Bond</i>				How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	_____
Immediate	<i>Inanition</i>	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		Address	
		<i>24 McHenry</i>	
		<i>Fairfieldville</i>	
Accident or Suicide?			



Name
in
Full

Joseph Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wilma</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month <i>Aug.</i>	Day <i>17</i>	Years <i>25</i>	Months <i>✓</i>	Days <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation <i>Latver</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Caroline "Mauden" name</i>					
Father's Name <i>Joshua Bond</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Harriette Bond</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Joshua Bond</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysphoid fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Rectestinal hemorrhage</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Wm. F. B. Gorsuch</i>	
		Address <i>Fork Md.</i>	
Accident or Suicide? <i>✓</i>			

will be called for by
"moderator" J. F. H. G.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob H. Brookhart

Town

County

MARYLAND

Died at

garrettsville

Harford

Date

Month

Day

Years

Months

Days

of death

1903

August

4th

Age

5-4

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Plasterer

Where Residing if not
at place of death

garrettsville

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Ida Brown

Father's
Name

Solomon Brookhart

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Groves

Mother's
Birthplace

Maryland

Name of person giving
In formation

James Preston

How related
to deceased

no relation

CAUSES OF DEATH

Primary

Hepatic Cancer

How long

8 months

Immediate

Diarrhea

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

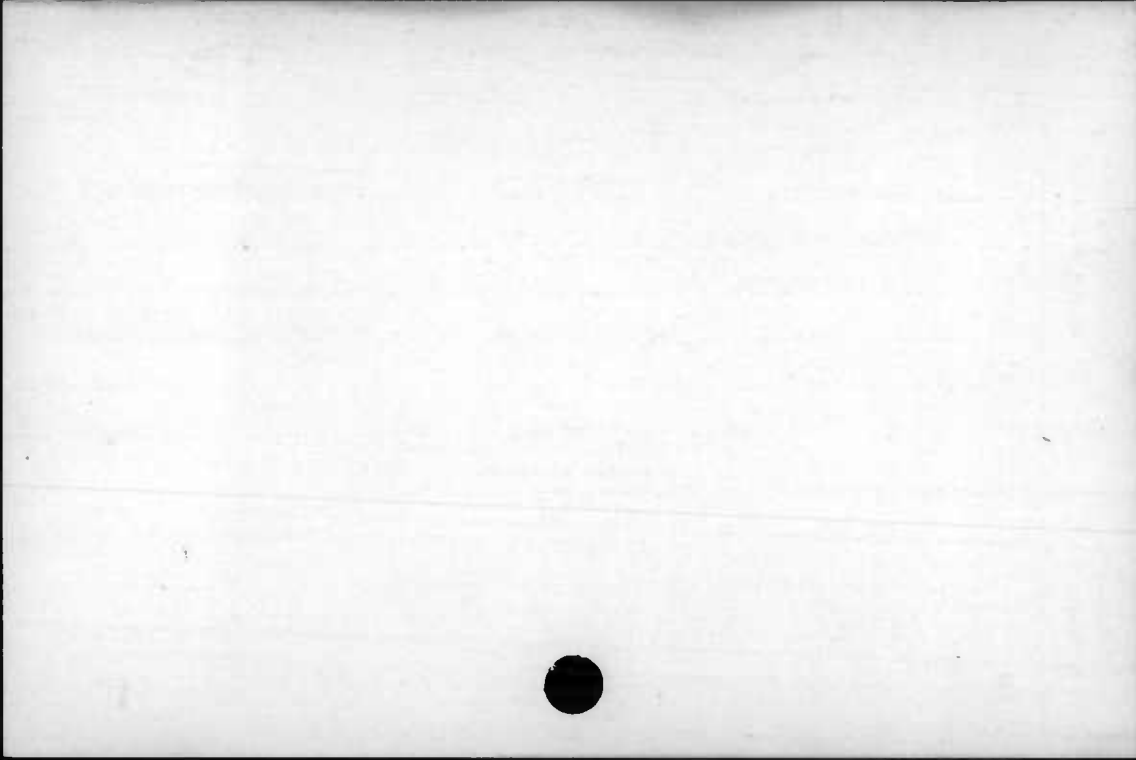
H. F. Bradley M.D.

Address

garrettsville

Accident or Suicide?

md



Name
in
Full

Violet Anita Burken's line ✓

CERTIFICATE OF DEATH

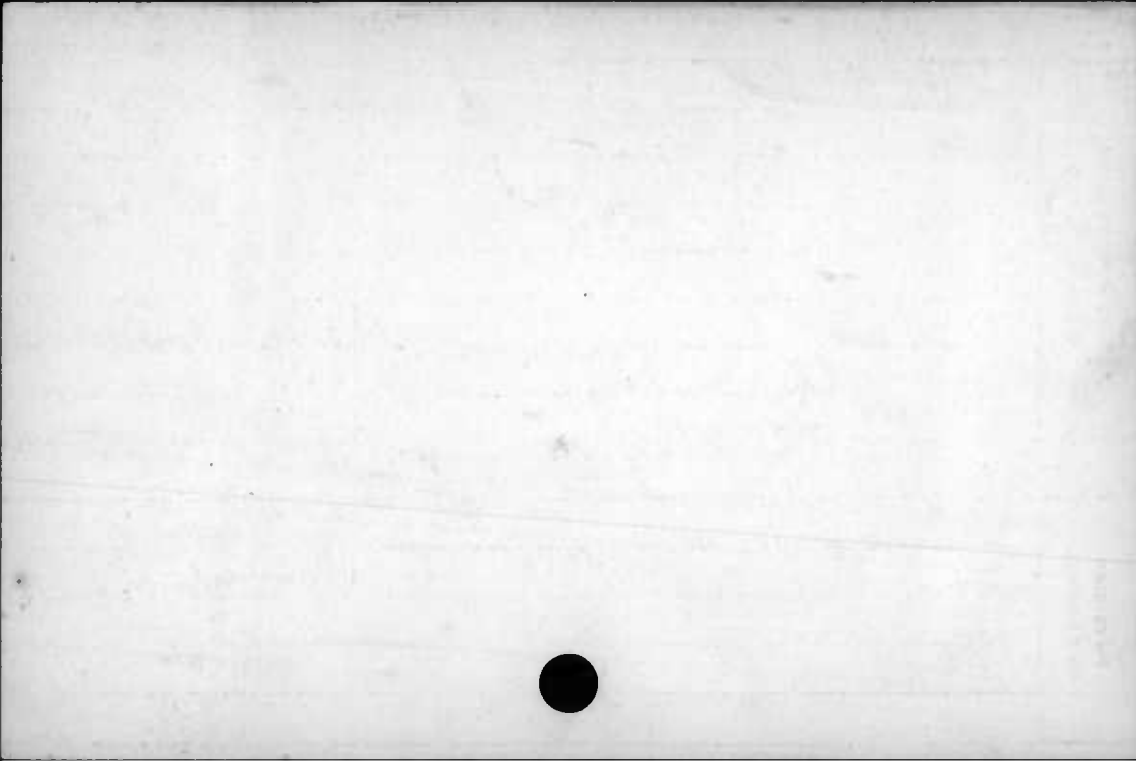
TO BE ANSWERED BY
NEAREST FRIEND

Died at Havre de Grace		Town		Harford		County		MARYLAND	
Date of death 190	Month Aug	Day 9	Age	Years	Months 7	Days 14	Birth-place Havre de Grace		
Sex Female	Color or Race white		Occupation			Married, Single or Widowed -			
Name of Wife or Husband -									
Father's Name Harry Burken's line					Father's Birthplace York Co Pa				
Mother's Maiden Name Wella Langer					Mother's Birthplace " " "				
Name of person giving information Father					How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Indigestion	How long Few days
Immediate Enteric Colitis	How long 10 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Al Crothers
	Address Havre de Grace
Accident or Suicide?	



Name
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Full

Miss Ellen Cairn

CERTIFICATE OF DEATH

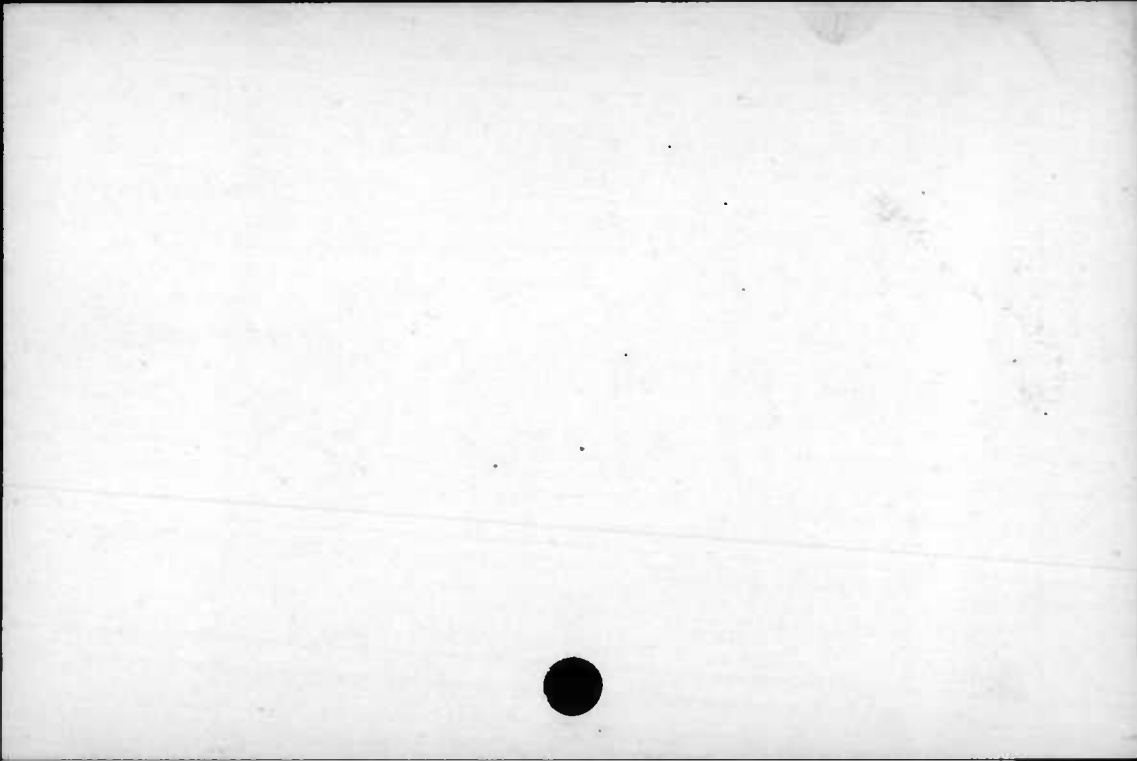
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		8	7	70			
Sex	Color or Race		Birth-place				
Female	White		Ireland				
Occupation	Where Residing if not at place of death						
Housekeeper							
Married, Single or Widowed	Name of Wife or Husband						
Widowed	Patrick Cairn						
Father's Name	Father's Birthplace						
	Ireland						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						
Katie Cairn	Daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Bronchitis	Several years
Immediate	How long
Exhaustion Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	F. P. Smithson
	Address
	Forest Hill Road
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elliingsworth barrel carman

Town

County

Died at

Taylor

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905 Aug.

7

Age

77

10

8

Sex

Male

Color or
Race

White

Birth-
place

Fork Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Elijah Carman

Father's
Birthplace

Cooptown Md

Mother's
Maiden Name

Lucretia Carroll

Mother's
Birthplace

Garrettsville Md.

Name of person giving
In formation

Anna B. Carman

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

2 weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

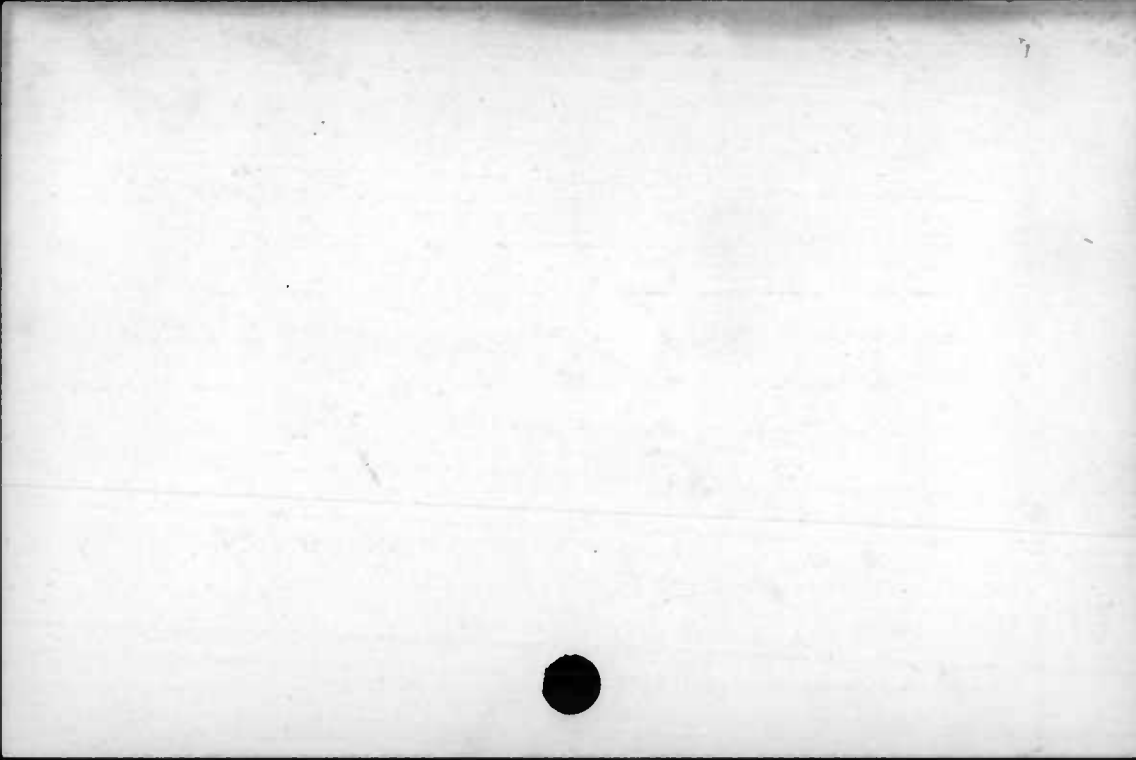
H. F. Bradley M.D.

Address

Garrettsville
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Pauline Barsins

CERTIFICATE OF DEATH

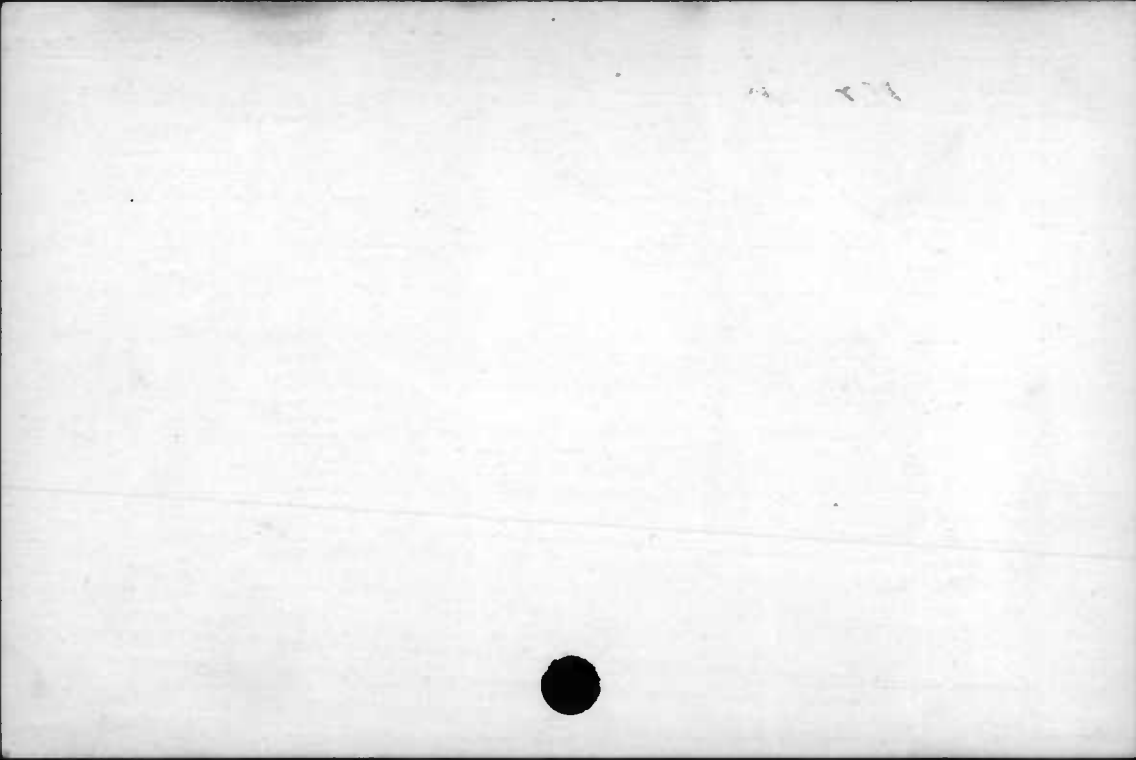
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barsins</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>aug</i>	Day	<i>3</i>
Sex		Color or Race	<i>white</i>	Birth-place	<i>Gork Co Pa</i>
Occupation		Where Residing if not at place of death		<i>barsins</i>	
Married, Single or Widowed		Name of Wife or Husband <i>Mary P barsins</i>			
Father's Name <i>Samuel Jones</i>		Father's Birthplace <i>Gork Co Pa</i>			
Mother's Maiden Name <i>Mary Ann Cooper</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Ellice M Le Swan</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>2 1/2 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Chas. H. Kuite</i>	
Address		<i>Abideen</i>	
Accident or Suicide?		<i>no</i>	



Name
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CERTIFICATE OF DEATH

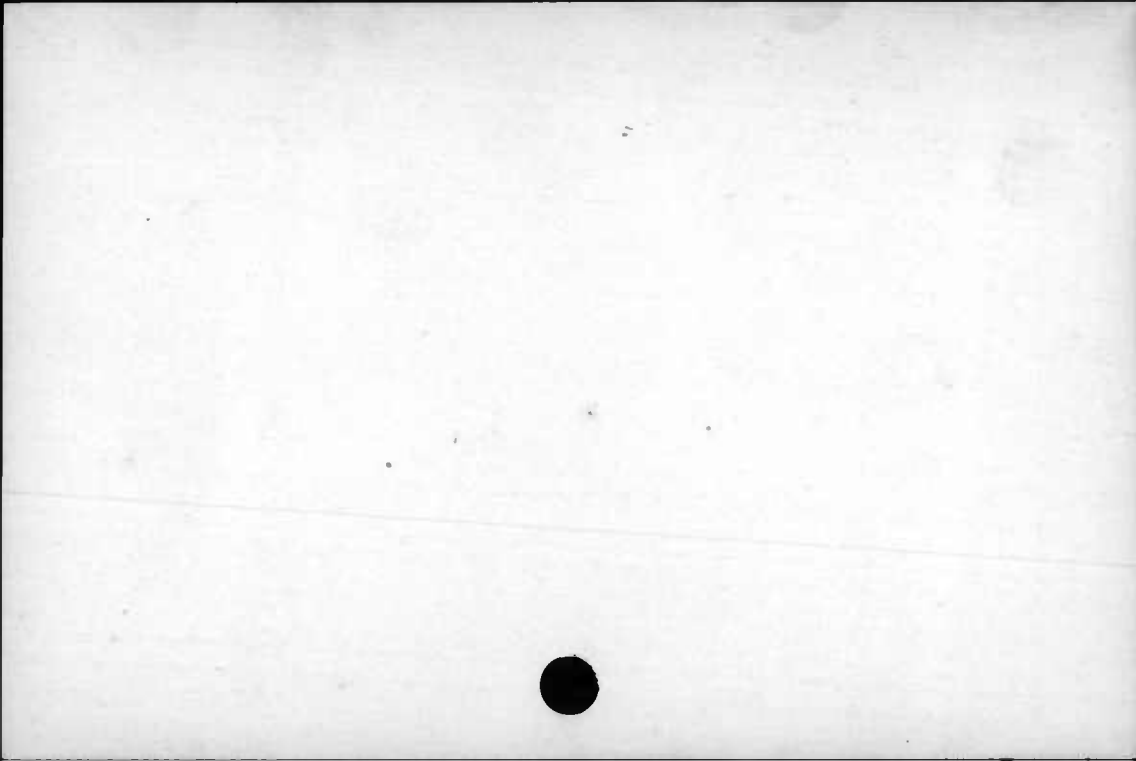
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Adelaide Carter</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Forest Hill</i>		Month <i>8</i>		Day <i>19</i>		Years <i>70</i>	
Date of death <i>1905</i>		Month <i>8</i>		Day <i>19</i>		Age <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death				Days <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Nathan Carter</i>					
Father's Name <i>Jacob Minnick</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Elizabeth - Porter</i>		Mother's Birthplace <i>Harford Co</i>					
Name of person giving information <i>Mrs Lizzie Carter</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of breast</i>	How long <i>1 yr</i>
Immediate <i>Hemorrhage</i>	How long <i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Lee Hughes</i>
	Address <i>Libson Ind.</i>
Accident or Suicide?	



Name
in
Full

Infant of Mrs. Mrs. S. A. Breschler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

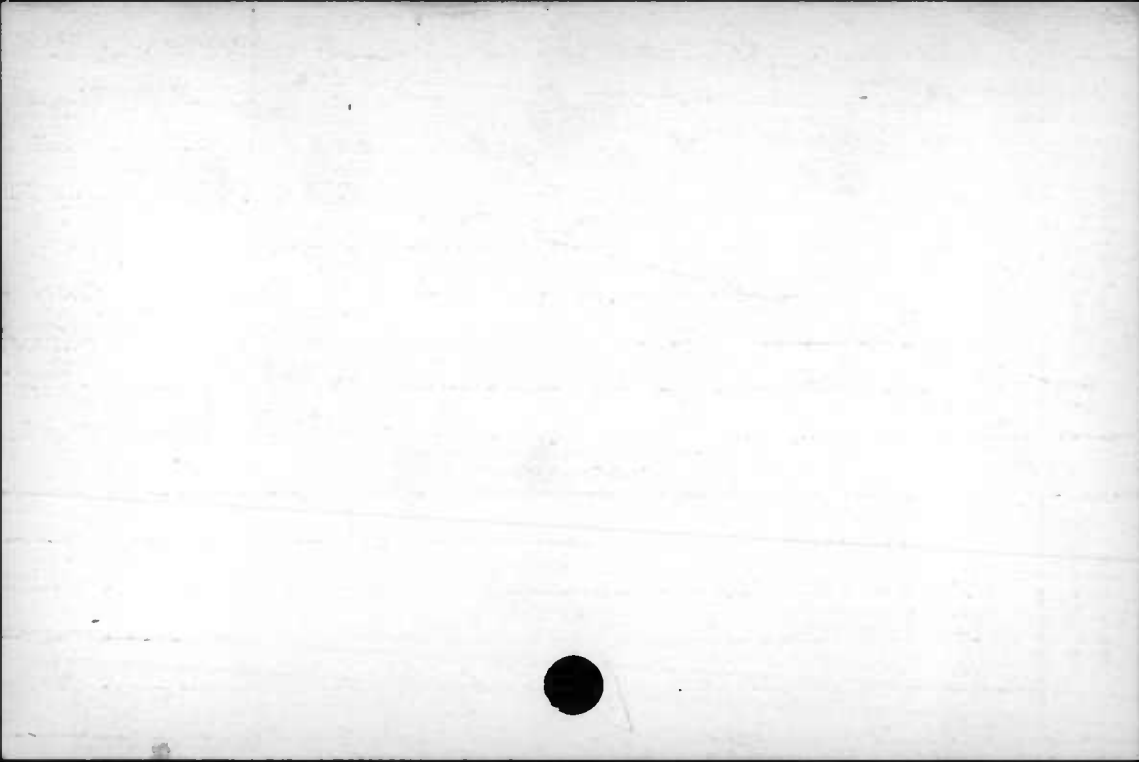
MARYLAND

Died at <i>Harre de Grace</i>		County <i>Harre de Grace</i>			
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>4</i>	Years <i>Four hours</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>H de Grace</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. Breschler</i>			Father's Birthplace <i>H de Grace</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(Handwritten symbol: a triangle with a vertical line through it)</i>	How long
Immediate	<i>Convulsion</i>	How long <i>Five hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. Smith M.D.</i>	
	Address <i>Harre de Grace</i>	
Accident or Suicide?	<i>Yes</i>	



Name
in
Full

Carrie P. Ewing Hartford

CERTIFICATE OF DEATH

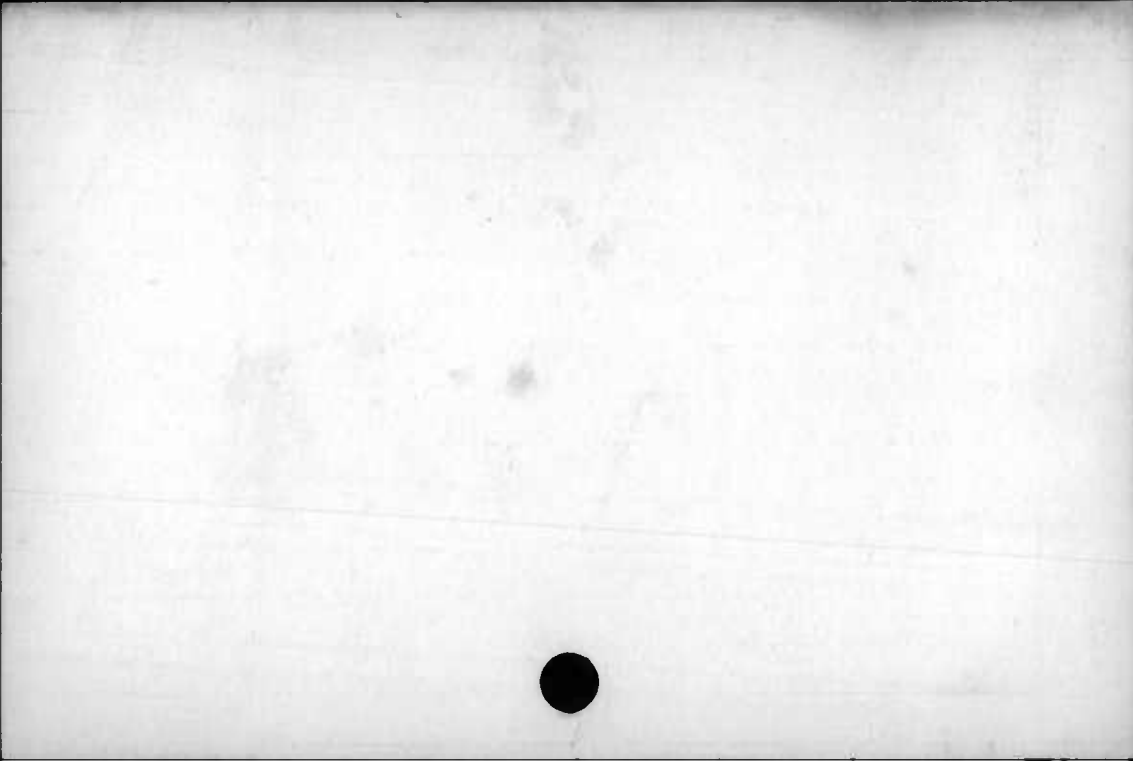
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Haverde House</i>		Town <i>Hartford</i>		County		MARYLAND	
Date of death 1905	Month <i>Aug.</i>	Day <i>20</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Hartford Co</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>wife</i>					
Name of Wife or Husband <i>Howard Ewing</i>							
Father's Name <i>John B. Zinkman</i>		Father's Birthplace <i>Hartford Co</i>					
Mother's Maiden Name <i>Mary Ann</i>		Mother's Birthplace " "					
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Prostration</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Crothers</i>
	Address <i>Haverde House</i>
Accident or Suicide?	



Name
in
Full

Mary F. Groom

CERTIFICATE OF DEATH

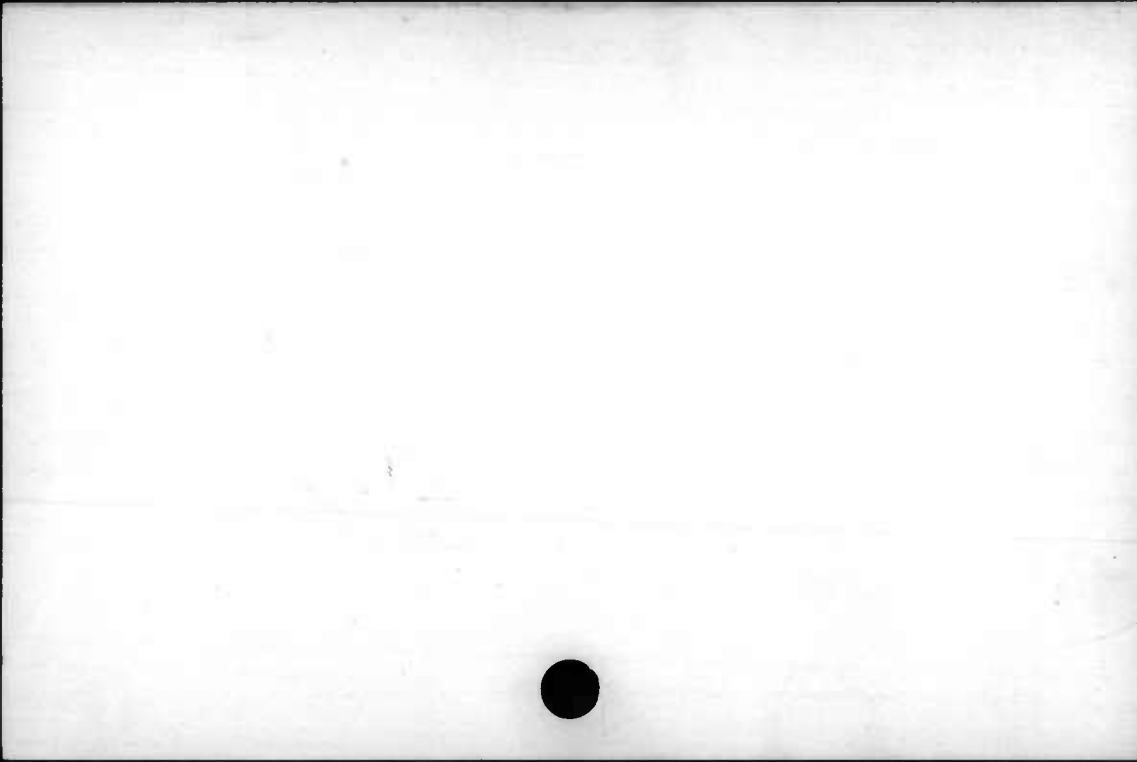
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		5	8	28	63		
Sex	female		Color or Race	White		Birth-place	
Married, Single or Widowed	Widow		Occupation	Tailor			
Name of Wife or Husband							
G. F. Groom							
Father's Name				Father's Birthplace			
H. P. Pritchett				Ill			
Mother's Maiden Name				Mother's Birthplace			
Rebecca Dotts.				Ill			
Name of person giving information				How related to deceased			
Ella Groom				Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	—
Immediate	Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. A. Bellinger	
Address		Baltimore	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

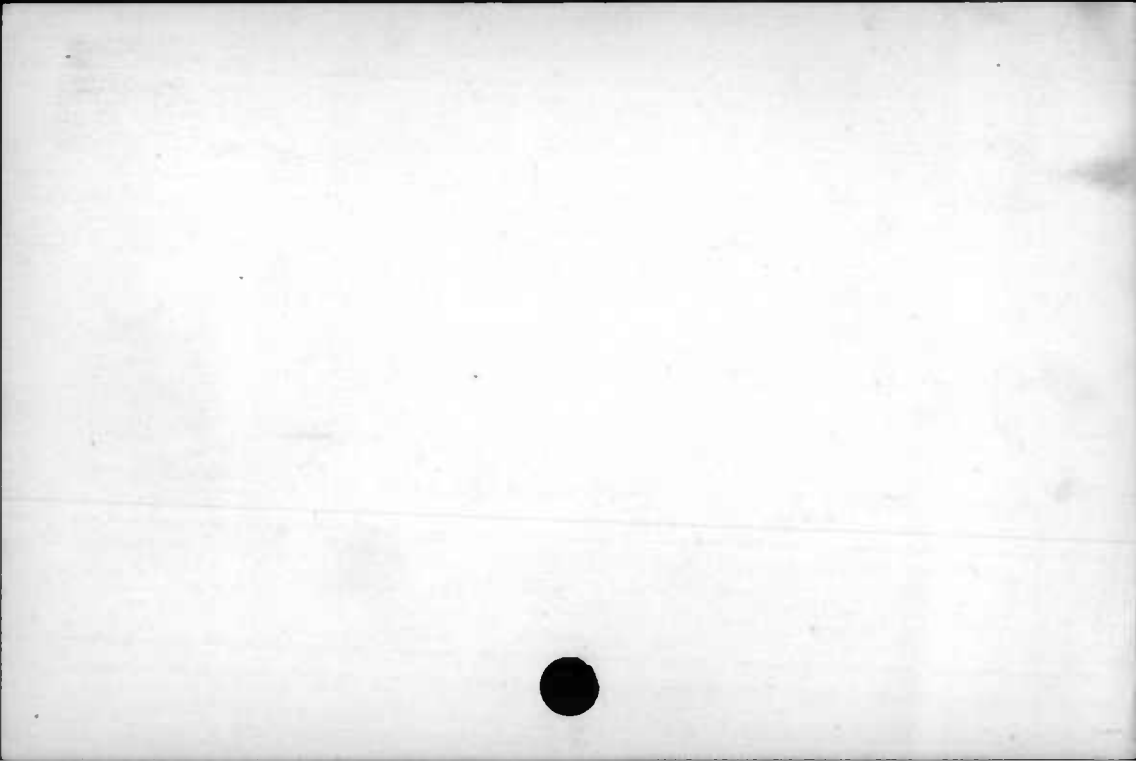
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Eugene Smith		Town Edgewood		County Harford		MARYLAND	
Died at		Date of death		Age		Months	
		1905 Aug 25		2		7	
Sex Male		Color or Race white		Birth-place Harford Co			
Occupation Infant		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Arund Smith		Father's Birthplace Harford Co					
Mother's Maiden Name Bessie May Everett		Mother's Birthplace Harford Co					
Name of person giving information Mother		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Harmorrhage of Brain	How long	2 weeks
Immediate	Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Charles Roth	
		Address Edgewood	
Accident or Suicide?			



Name
in
Full

Annie C. Gardner ✓

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Harre de Grace Harford

Date

Month

Day

Years

Months

Days

of death

1905 Aug

5

Age

37

Sex

Female

Color or
Race

White

Birth-
place

Becil Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John Gardner

Father's
Name

Geo Trice

Father's
BirthplaceCharles Town
East CoMother's
Maiden Name

Sarah W. Houghton

Mother's
Birthplace

Harford Co.

Name of person giving
Information

Geo Trice

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Malignant Abdominal Tumor

How long

about a year

Immediate

General Debility

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R. H. Smith M.D.

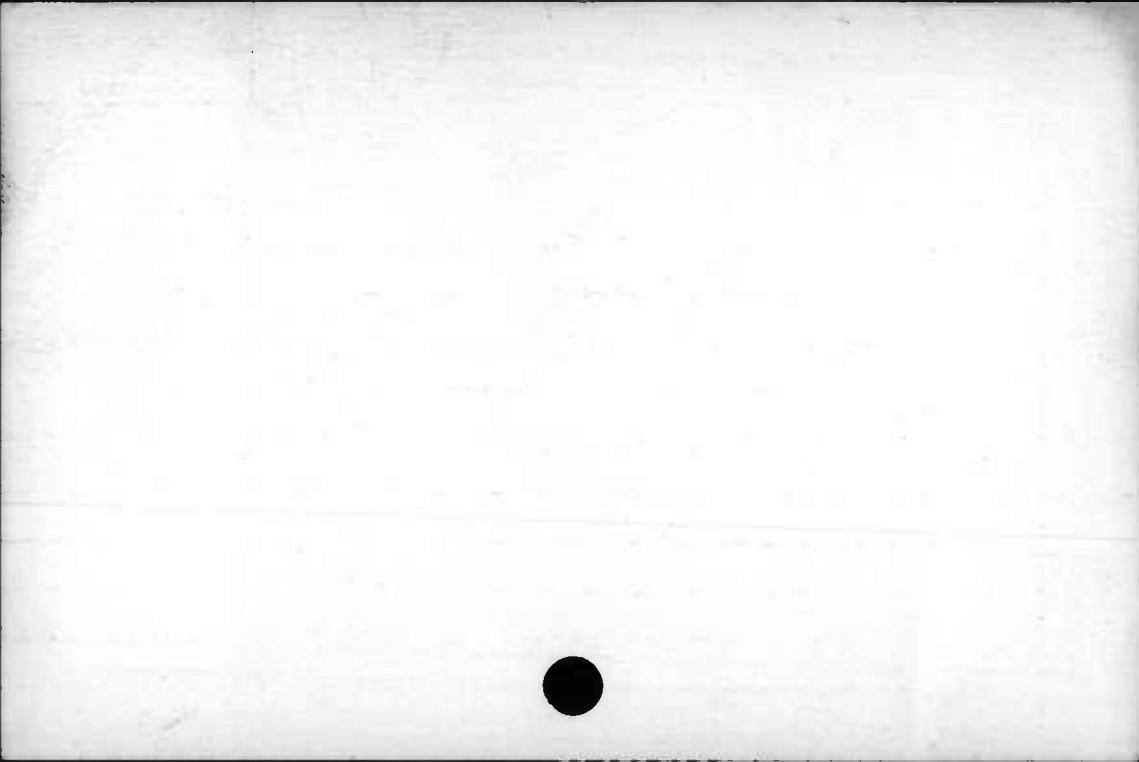
Address

Harre de Grace

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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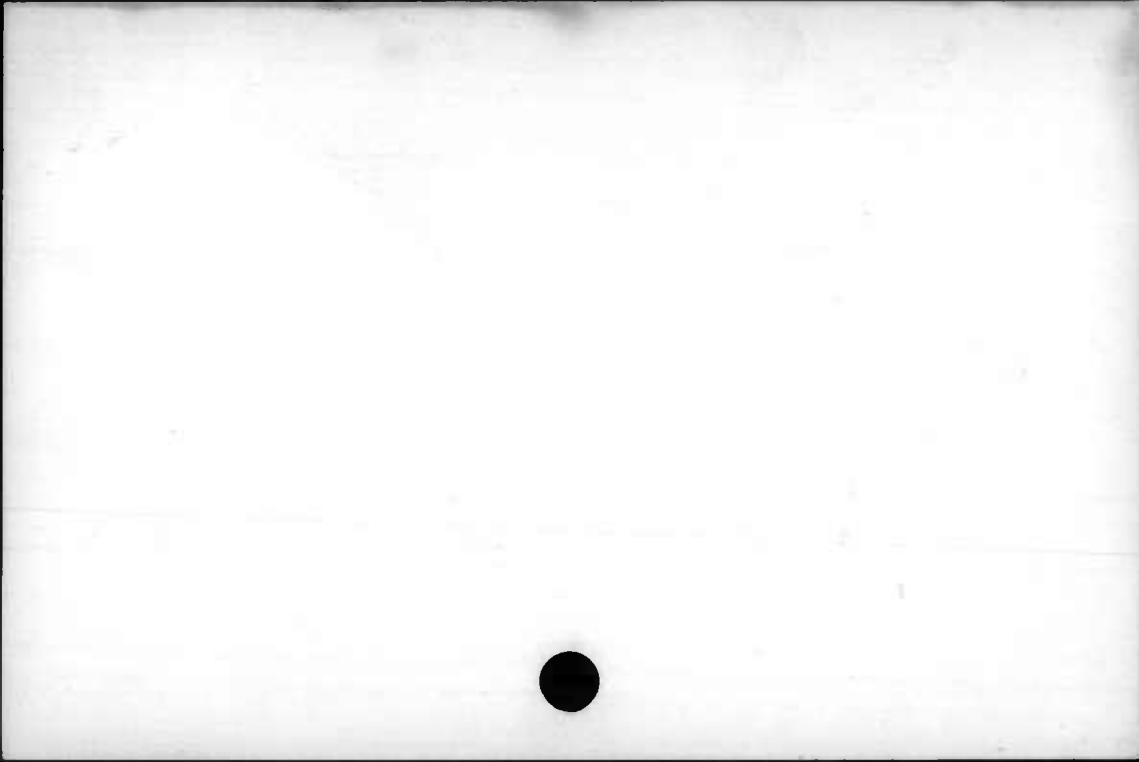
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Beans</u> Town		<u>Harford</u> County		MARYLAND	
Date of death 190	<u>5</u> Month	<u>21</u> Day	Age <u>84</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>MD</u>		
Married, Single or Widowed	Married		Occupation		
Name of Wife or Husband <u>Phoebe Star</u>					
Father's Name <u>Henry Star</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Phoebe Star</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Lurenda Star</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Uteral Regurgitation</u>	How long	<u>many years.</u>
Immediate	<u>Failing compensation dilation</u>	How long	<u>1 month.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>A. F. Vant Bibber M.D.</u>	
		Address <u>Bel Air</u>	
Accident or Suicide? <u>No.</u>		<u>MD.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Caroline Lee</i>		Town <i>Lin Bridge</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Lin Bridge</i>		Month <i>Aug.</i>		Day <i>13</i>		Age <i>66</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Peach Bottom Pa</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

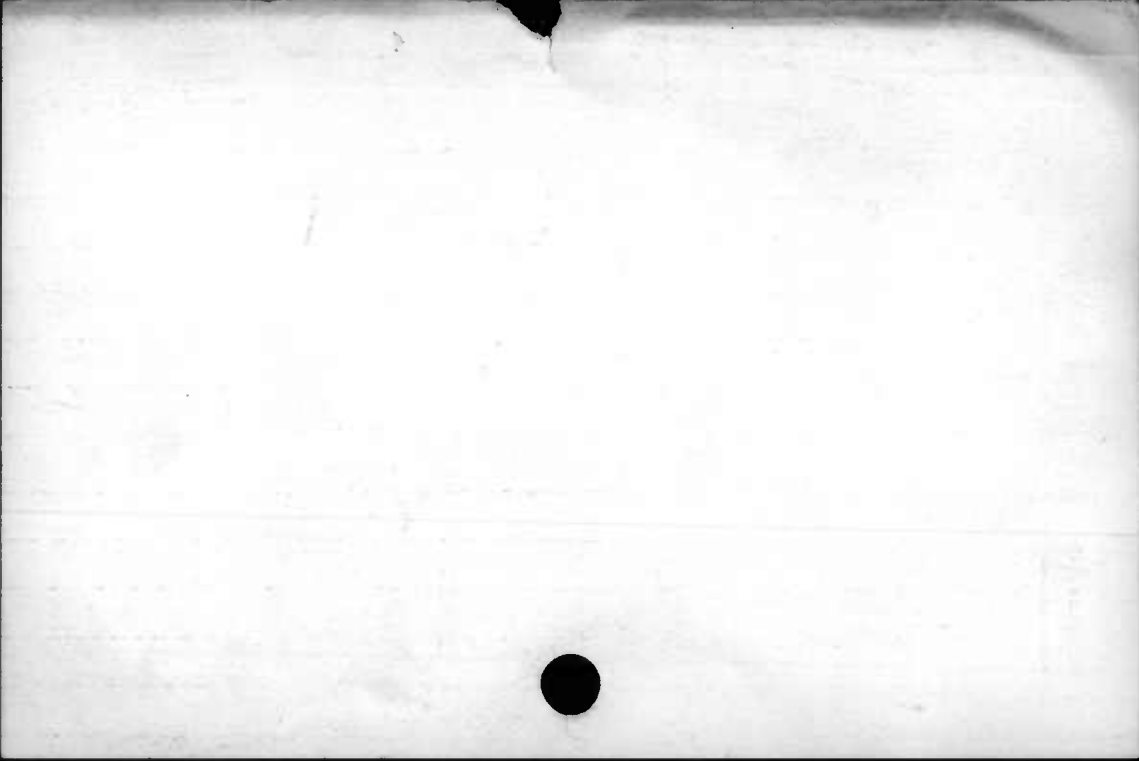
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>one year</i>
Immediate <i>Heart failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Steward M.D.</i>
	Address <i>Della Pa.</i>
Accident or Suicide? <i>/</i>	

Buried at
Fris. Nebo Cemetery Aug 16, 1905

Name In Full		Certificate of Death			
William McDonald McElwain		MARYLAND			
Died at Bradentown		Harford		County	
Date of death 1905		Month Aug.	Day 20	Age	Years 9
Sex Male		Color or Race White		Birth-place Maryland	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Wm. A. McElwain		Father's Birthplace Pa.			
Mother's Maiden Name L. Alice McDonald		Mother's Birthplace Pa.			
Name of person giving information Wm. A. McElwain		How related to deceased Father			
CAUSES OF DEATH					
Primary		Mentition		How long Two weeks	
Immediate		Meningitis		How long 12 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. Willard Shuler			
		Address Shaver			
		Balto Co., Md.			
Accident or Suicide?					



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Mason

Town

County

MARYLAND

Died at

Garrettsville

Harford

Co

Date

Month

Day

Years

Months

Days

of death

1905

Aug

6

Age

62

2

23

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Milliner

Where Residing if not
at place of death

Garrettsville

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Benjamin Mason

Father's
Name

John Quinn

Father's
Birthplace

Maryland

Mother's
Maiden Name

Priscilla Thompson

Mother's
Birthplace

Pennsylvania

Name of person giving
Information

Thos E. Batheast

How related
to deceased

None

CAUSES OF DEATH

Primary

Carcinoma of skin

How long

6 months

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. F. Bradley M.D.

Address

Garrettsville Ind.

Accident or Suicide?

—

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Seo Mays* Town

County

Date

of death *1901*

Month

8

Day

1

Age

Years

1

Months

5

Days

5

Sex

Occupation

*Male*Color or
Race*White*Birth-
place*Joppan*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation*John Mays**Ellie Bellum**Mrs Mays*Father's
BirthplaceMother's
BirthplaceHow related
to deceased*Mother*

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

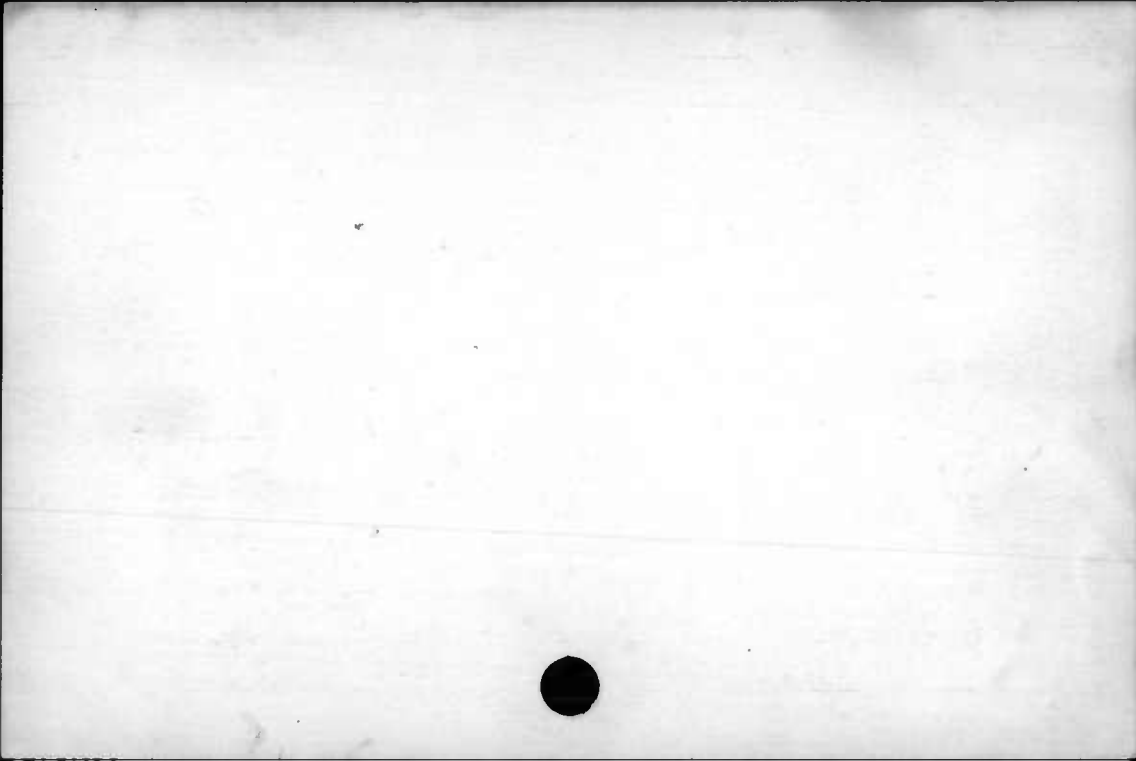
Address

How long

How long

*Congestion of the Lungs**2 months**J. F. H. Young Jr*
1012 N. W. 4th

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catharine Murphy

Died at Street ^{Town} Harford. ^{County}

MARYLAND

Date of death 1906 ^{1/2 Month} 8 ^{Day} 31 ^{Years} Age 138 ^{Months} ^{Days} Sex Female. Color or Race White Birth-place IndOccupation House Wife Where Residing if not at place of death Married, ~~Single~~ Widowed Name of Wife or Husband Patrick F. MurphyFather's Name Father's Birthplace Mother's Maiden Name Mother's Birthplace Name of person giving information Minnie Murphy. How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Paralysis W How long 12 HoursImmediate How long Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. H. FairmanAddress Street IndAccident or Suicide?

Sept 2^d 1915.

Nickony

Name
in
Full

John S. Osborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lapidum* Town*Harford* CountyDate of death *1905 Aug* MonthDay *8*Age *33* YearsMonths *-*Days *-*Sex *Male*

Color or Race

White

Birthplace

Harford Co Md

Occupation

*Blacksmith*Where Residing if not at place of death *-*

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Robt A. Osborn

Father's Birthplace

Harford Co

Mother's Maiden Name

Mercie Silver

Mother's Birthplace

"

Name of person giving information

Howard Hanna

How related to deceased

None

CAUSES OF DEATH

Primary

Diabetes, Enlarged spleen

How long

2 yrs

Immediate

Heart disease + Comp.

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

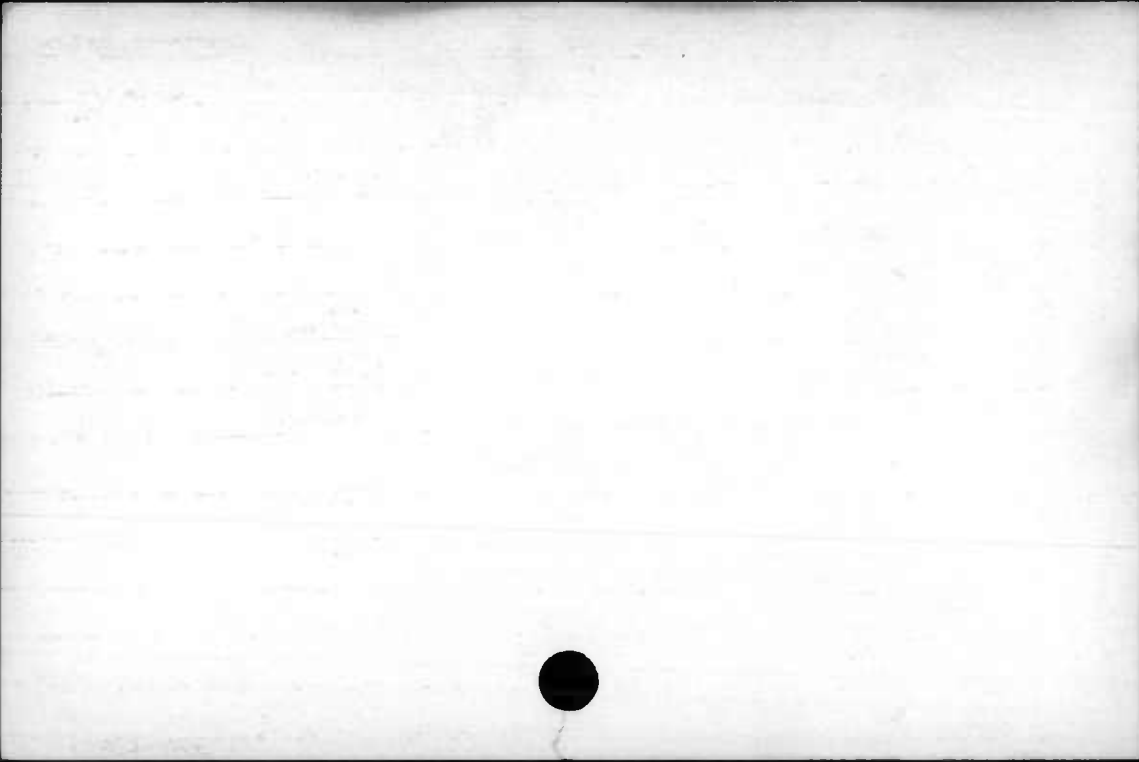
J. Lee Hopkins

Address

*Waverly de Grace**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Oliver Pigg

CERTIFICATE OF DEATH

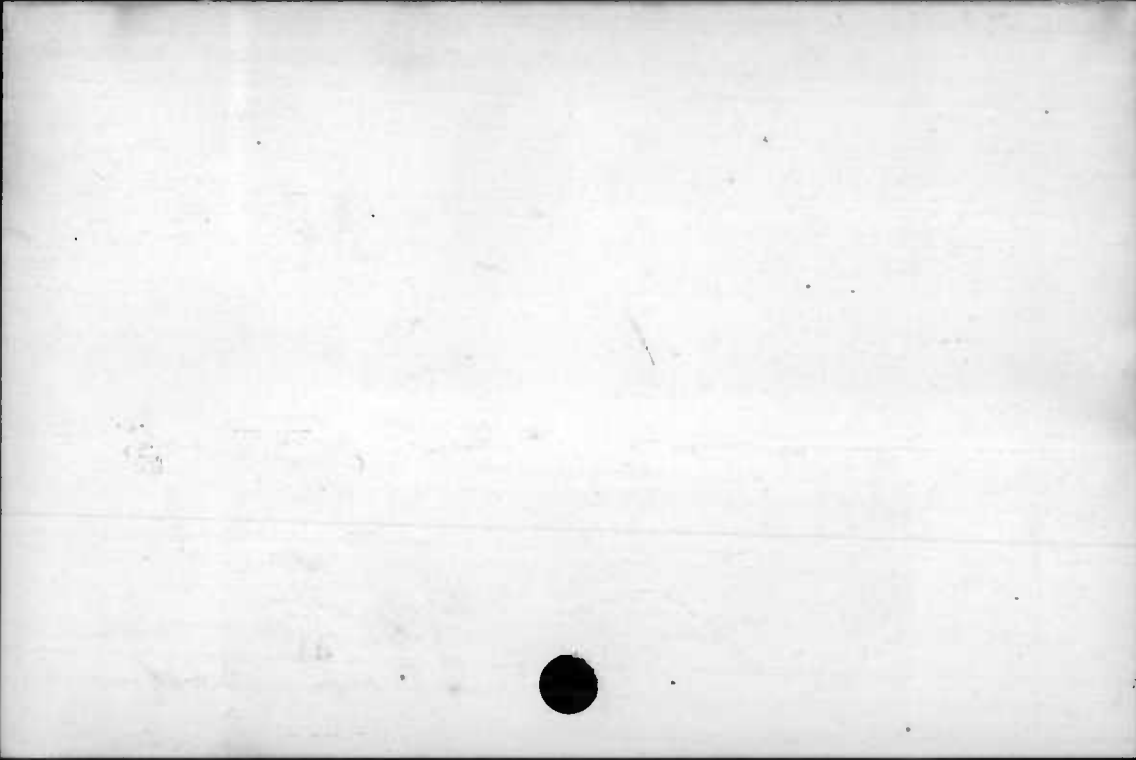
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Abingdon		County Hanford		MARYLAND	
Date of death		1905	Month 8	Day 17	Age 32	Months	Days
Sex Female		Color or Race Colored			Birth-place Maryland		
Occupation House wife				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Samuel Pigg					
Father's Name		William Washington				Father's Birthplace	
Mother's Maiden Name		Edith Hanson				Mother's Birthplace	
Name of person giving information		Samuel Pigg				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	3 mo.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles Roth	
		Address	Edgewood Md	
Accident or Suicide?				



Name
in
Full

Robert Ralph Ramsay

CERTIFICATE OF DEATH

Town

County

Died at

Street

Hagerstown

MARYLAND

Date

of death 1905

Month

8

Day

8

Age

Years

15

Months

8

Days

24

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name or Wife or
HusbandFather's
Name

Edmund Ramsay

Father's
Birthplace

Md

Mother's
Maiden Name

Ida Ramsay Kilgore

Mother's
Birthplace

Md

Name of person giving
information

C. W. Gammon MD

How related
to deceased

None

CAUSES OF DEATH

Primary

How long

Immediate

Cholera Morbus

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

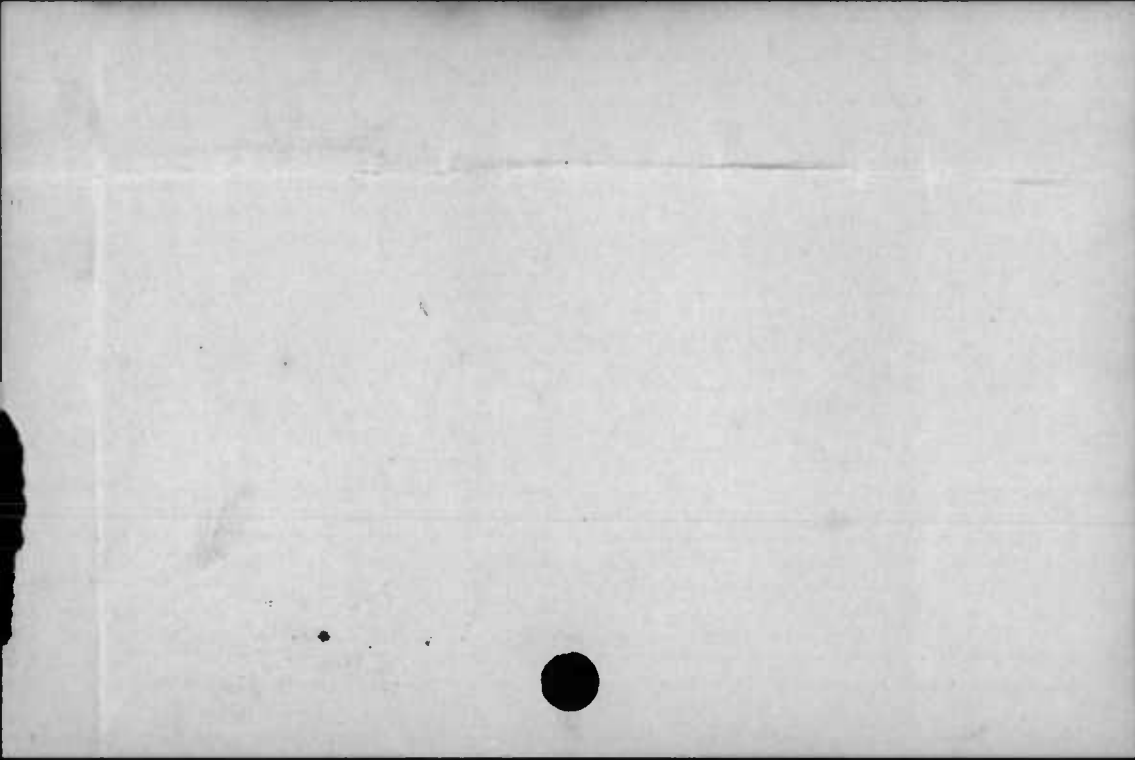
Signature of
Physician

Address

C. W. Gammon
Street and

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clara Roberts</i> ^{Town} <i>Slate Springs</i> ^{County} <i>Hartford</i>		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Aug.</i> ^{Day} <i>14</i> ^{Age} <i>4</i> ^{Years} <i>4</i> ^{Months} <i>4</i> ^{Days}	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Slate Springs</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <input checked="" type="checkbox"/>	Name of Wife or Husband		
Father's Name <i>David Roberts Jr</i>	Father's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>Clara Scarborough</i>	Mother's Birthplace <i>Peach Bottom</i>		
Name of person giving information	How related to deceased <input checked="" type="checkbox"/>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer Complaint</i>	How long <i>8 days</i>
Immediate <i>Inflammation of Brain</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Steward M.D.</i>
	Address <i>Delta Pa.</i>
Accident or Suicide?	

buried at

Shelburne Cemetery Aug 16, 1905

Name
in
Full

CERTIFICATE OF DEATH

Martha R. Puff

Town

County

MARYLAND

Died at

Mountain

Harford

Date

Month

Day

Years

Months

Days

of death

1901 Aug 6

Age

45

Sex

Female

Color or
Race

Black

Birth-
place

Ind

Occupation

house wif

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of
Husband

Jesse Puff

Father's
Name

Abraham Waters

Father's
Birthplace

Ind

Mother's
Maiden Name

May Waters

Mother's
Birthplace

Ind

Name of person giving
In formation

Jesse Puff

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pertinosis

(116)

How long

Few days

Immediate

11

How long

11

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. F. H. Orsueh

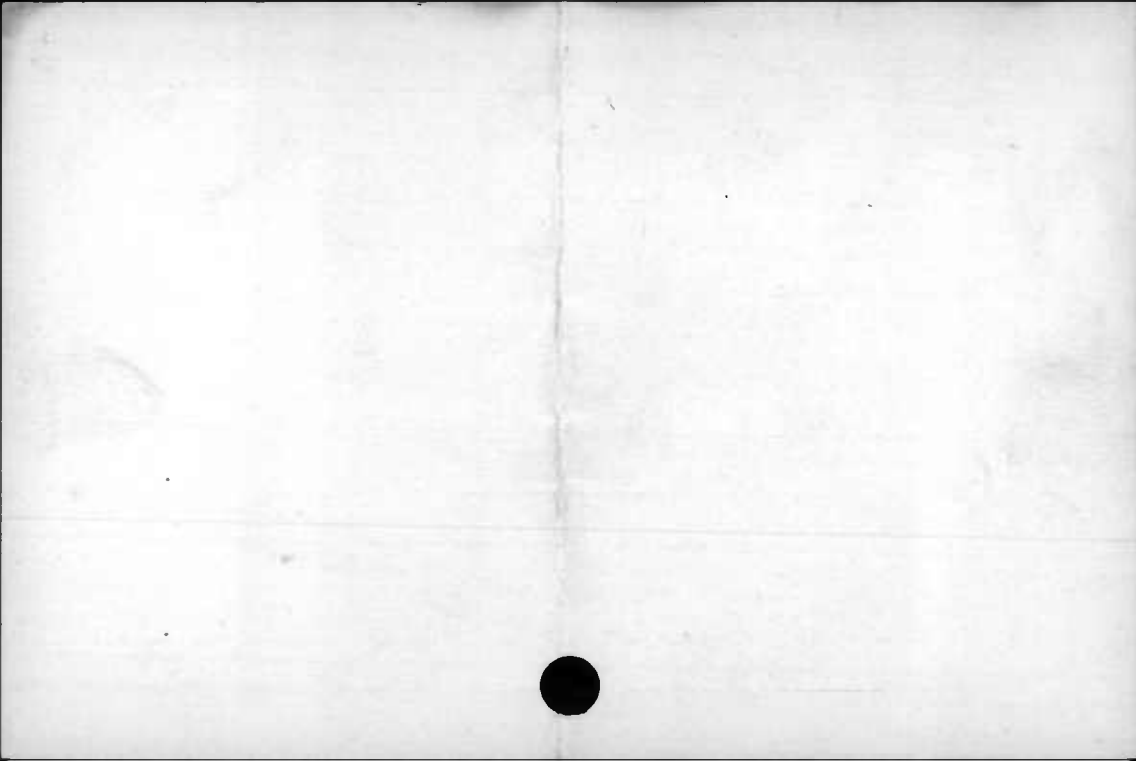
Address

Fork Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

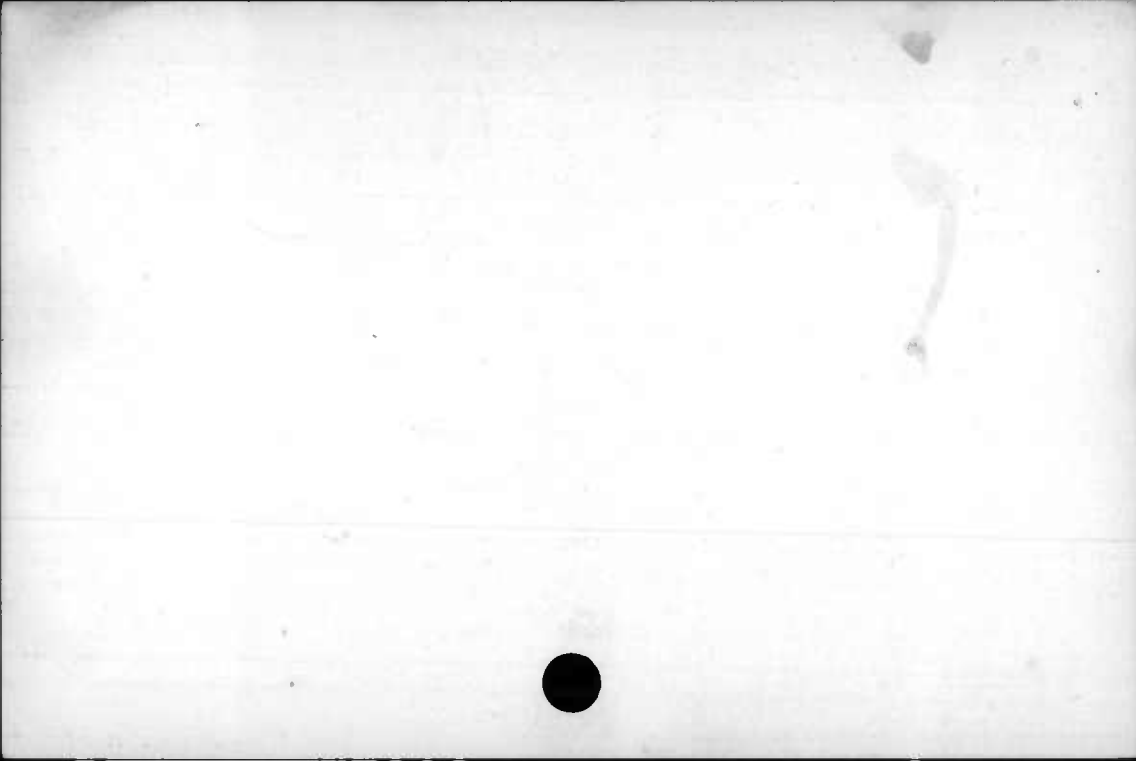
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Croftown</i> County <i>Harford</i>		MARYLAND	
Date of death	190 <i>5</i> - Month <i>8th</i> Day <i>8</i>	Age	Years <i>5</i> Months <i>9</i> Days <i>9</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	Birth-place <i>Croftown</i>		
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	<i>Pinkney Scarborough</i>	Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Fannie Chamberlain</i>	Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>Pinkney Scarborough</i>	How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile indigestion</i>	How long	<i>105</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>O. S. McNemar</i>
		Address	<i>Jarrettsville</i>
Accident or Suicide?			



Name
in
Full

Lizzie B. Smith

Harford

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Darlington*

Date

of death *1904*

Month

8

Day

17

Years

Age

26

Months

Days

Sex

*Female*Color or
Race*black*Birth-
place*Virginia*

Occupation

*Servant*Where Residing if not
at place of death*Baltimore Md.*Married, Single
or Widowed*widow*Name of Wife or
Husband*Samuel M. Smith*Father's
Name*not known*Father's
Birthplace*not known*Mother's
Maiden Name*Lizzie Carter*Mother's
Birthplace*Virginia*Name of person giving
information*Mary Smith*How related
to deceased*Mother-in-law*

CAUSES OF DEATH

Primary

Pul. Tuberculosis

How long

5 months

Immediate

Pul. Hemorrhage

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*S. M. Ragan M.D.*

Address

Conowingo Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

